

# *Capacity building and performance management: findings among local health departments*

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# *Objectives*

1. Describe the basic principles of evidence-based decision making (high performance).
2. Describe the evidence-base for local EBPH in the United States (esp. administrative practices).
3. Explore action steps that you could take to enhance your capacity and quality of public health services.

“Public health workers... deserve to get somewhere by design, not just by perseverance.”

McKinlay and Marceau

Why did you enter this field?

# What is evidence-based decision making?



*"Then we've agreed that all the evidence isn't in, and that even if all the evidence were in, it still wouldn't be definitive."*

# Evidence-based Public Health

“The development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning.”

Kohatsu et al. Am J Prev Med 2004;27(5)

## And, the process of EBPH...

Agency (health department)-level structures and activities that are positively associated with performance measures (e.g., achieving core public health functions, carrying out evidence-based interventions).

Brownson et al Am J Prev Med 2012; 2012;43(3):309-319

# Some Key Characteristics of EBPH

1. Making decisions based on the best available peer-reviewed evidence (both quantitative and qualitative research);
2. Using data and information systems systematically;
3. Applying program planning frameworks (that often have a foundation in behavioral science theory);
4. Engaging the community in assessment and decision making;
5. Conducting sound evaluation; and
6. Disseminating what is learned to key stakeholders and decision makers.

# Importance of capacity building

- Estimate that just over one-half of programs are evidence-based
- Most public health practitioners lack formal training in core PH disciplines
- Rapid turnover in the workforce
- “Capacity” can take multiple forms

# Importance of policy change

- *Examples*
  - Vaccination
  - Motor-vehicle safety
  - Safer workplaces
  - Fluoridation of drinking water
  - Recognition of tobacco use as a health hazard
- Each of these advances involved policy

Centers for Disease Control and Prevention. Ten great public health achievements--  
United States, 1900-1999. *MMWR* 1999 Apr 2;48(12):241-3

*The challenge...*



Because what you told  
me is absolutely  
Yes, how did I completely  
you know?

# *The problem*

Because you don't know  
where you are, you don't  
know where you're going,  
and now you're blaming  
me

You must  
policy n



# *Scenario 1*

- Aim: To understand the barriers to EBDM in local public health settings.
- Brainstorm at your table...
  - What are common barriers?
  - Which are modifiable?

# Barriers to EBPH

- Resources
- Lack of leadership in setting a clear and focused agenda for evidence-based approaches
- Lack of a view of the long-term “horizon” for program implementation and evaluation
- External (including political) pressures drive the process away from an evidence-based approach
- Inadequate training in key public health disciplines
- Lack of time to gather information, analyze data, and review the literature for evidence
- Lack of incentives

# Findings related to EBDM in local public health

# Administrative evidence-based practices (A-EBPs)

- Agency (health department)-level structures and activities that are positively associated with performance measures (e.g., achieving core public health functions, carrying out evidence-based interventions)

# Results, 5 EBP domains

- Workforce development
  - QI (82%), EBDM (59%)
- Leadership
  - Staff participation (84%), hire w/ PH degree (36%)
- Organizational climate and culture
  - Life long learning (71%), culture supports EBDM (42%)
- Relationships and partnerships
  - Importance (92%), share resources (68%)
- Financial processes
  - Multi funding sources (96%), QI resources (55%)

# Predictors of a-EBP<sub>s</sub>

## Predictors of A-EBPs in the United States, 2012 (n=317)

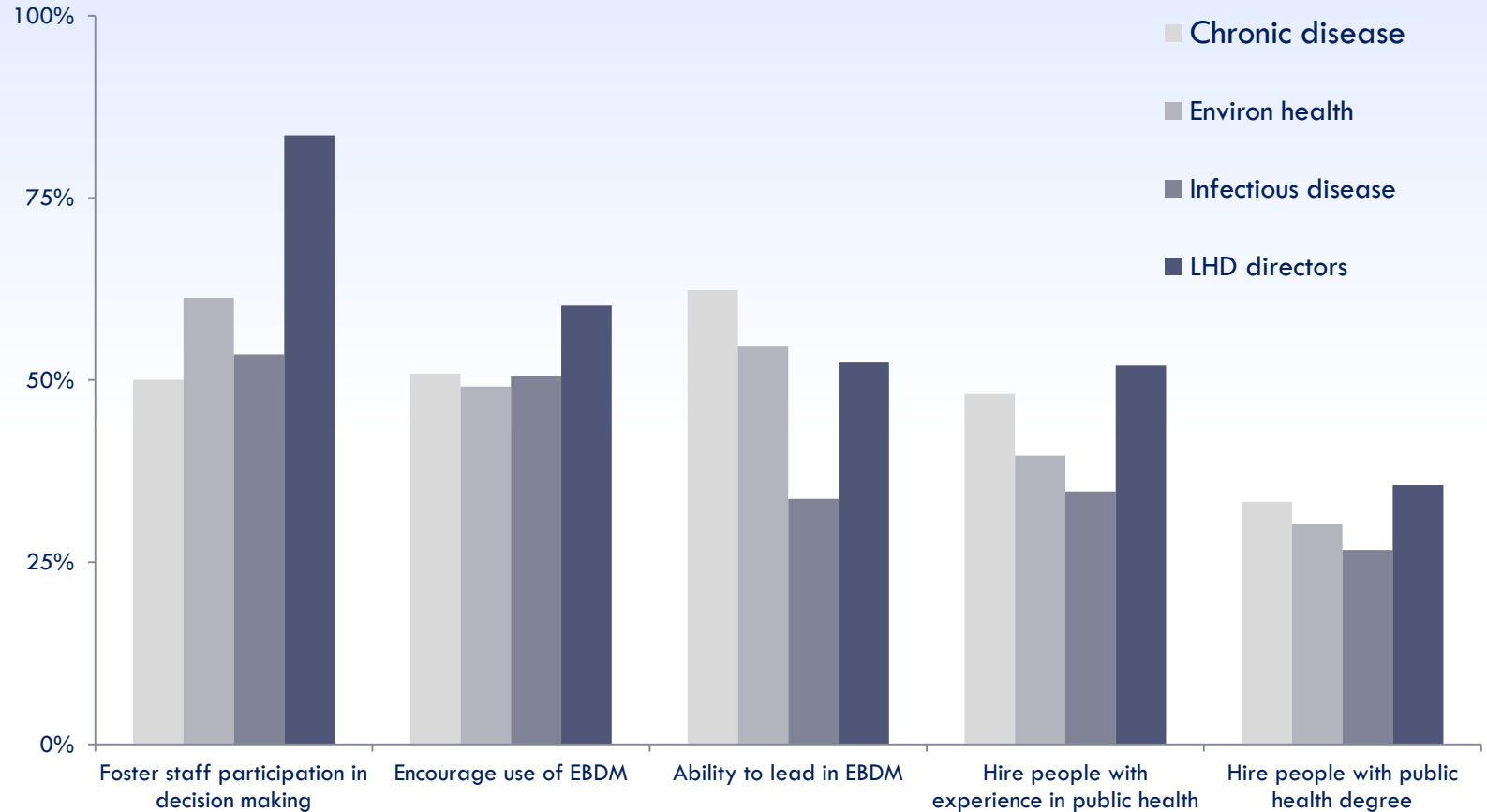
LHD Characteristic	OR (95% CI)	aOR (95% CI)
<b>Population of Jurisdiction</b>		
<25,000	1.0	1.0
25,000 to 49,999	<b>7.0 (3.3, 15.0)*</b>	<b>7.5 (3.3, 17.3)*</b>
50,000 to 99,999	<b>5.7 (2.7, 12.2)*</b>	<b>4.9 (2.1, 11.2)*</b>
100,000 to 499,999	<b>9.1 (4.3, 19.6)*</b>	<b>7.1 (3.0, 16.9)*</b>
500,000 or larger	<b>7.1 (3.0, 16.8)*</b>	<b>4.4 (1.6, 12.5)*</b>

# Other implications

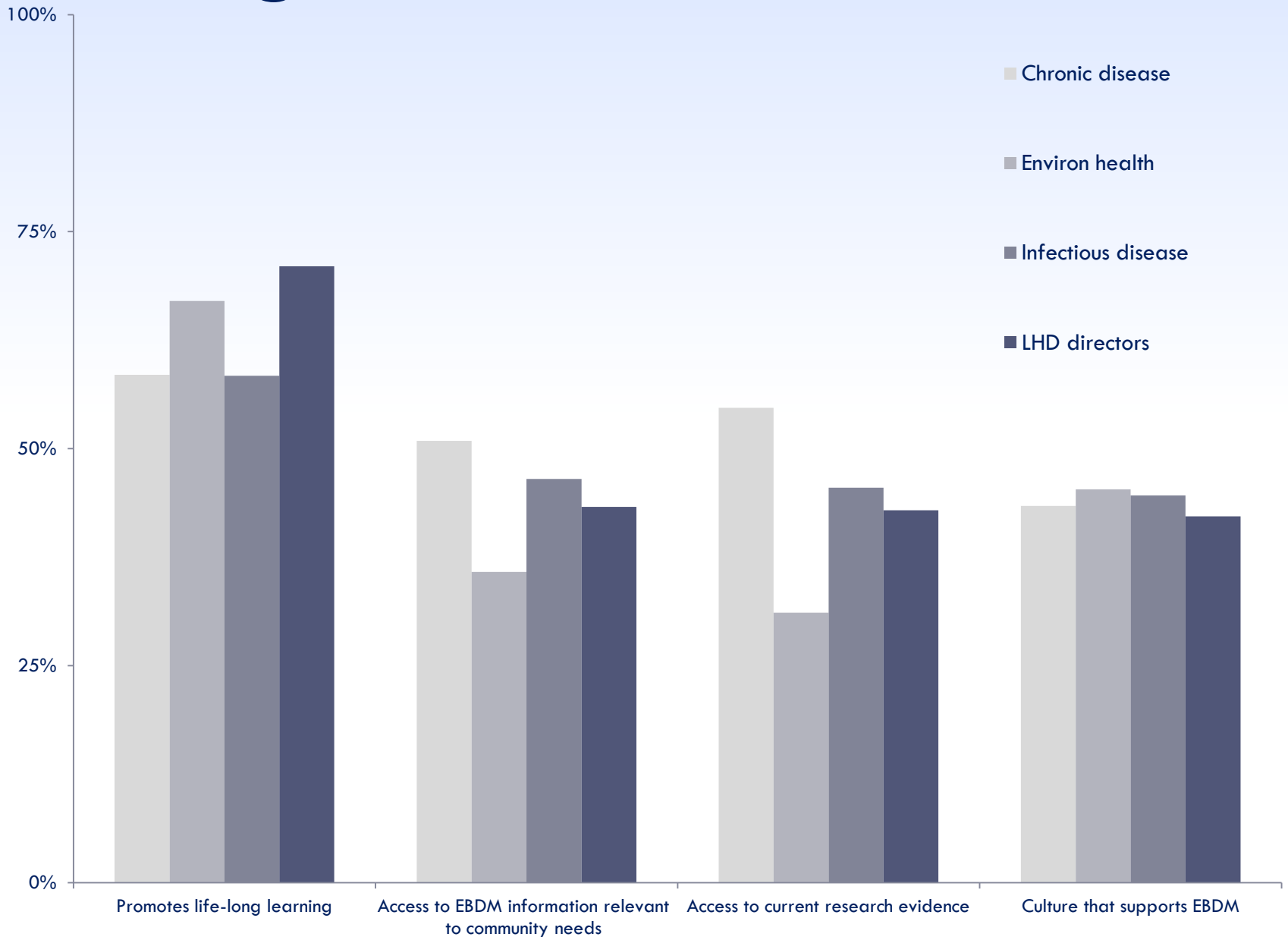
Patterns of A-EBPs and use of EBDM vary significantly based on:

1. Population size served by the LHD (strongest predictors after adjustment)
  - a. Smaller HDs 3X more likely to be led by a nurse
2. Governance structure (state governed)
3. Age group in the 50s

# Leadership Domain



# Organizational Domain



# Organizational climate & culture matters...

- The culture at high-capacity LHDs encourages new ideas and is open to changes that would improve local PH practice.

“Always try to improve things, try new things, that’s fine. And if you make a mistake doing that, you’re not going to be fired for that, you’re not going to be reprimanded for that. You’re going to try something new, something different.”

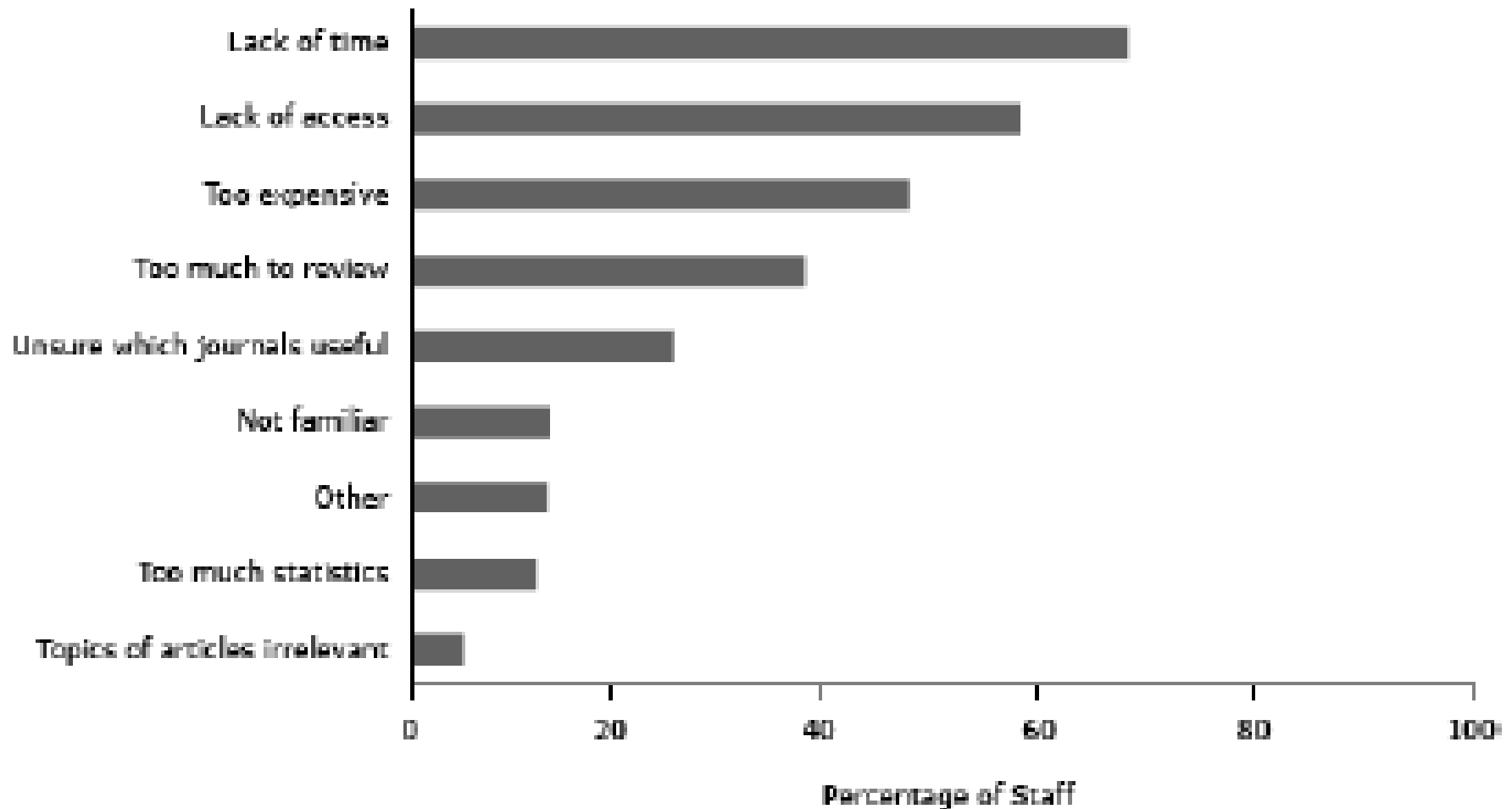
“one of the things that we have done an exceptional job at doing is breaking down silos [...] we have more of a global approach, an open approach, that allows us to get things done and get things done fairly efficiently.”

# Use of resources

- 26% of LHDs reported systematic reviews as 1 of top 3 most important resources
- 34% were not familiar with the Community Guide



# Why PH practitioners don't read journals...



# A tale of two worlds...

## How LHDs learn about research findings?

1. Professional associations

2. Seminars/workshops

3. Email alerts

4. Journal articles

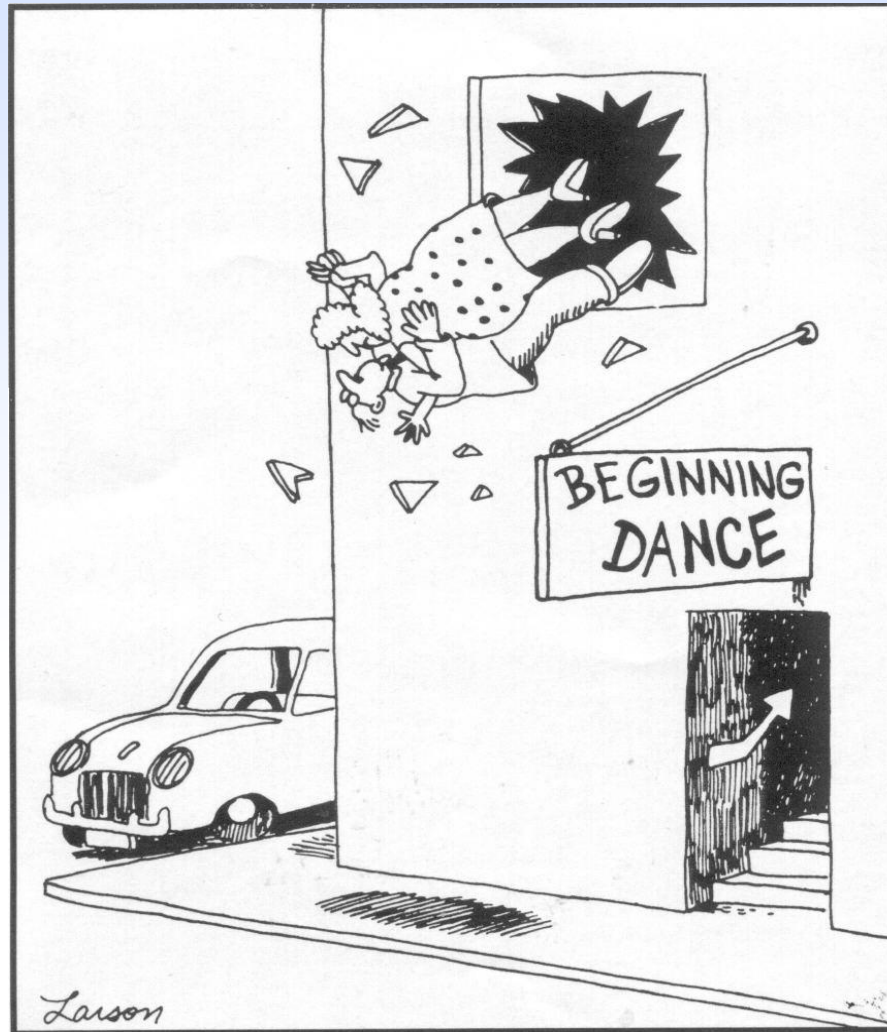
## How researchers perceive they most effectively reach practitioners?

1. Journal articles

2. Face-to-face meetings

3. Media interviews

4. Press releases



“Getting a new idea adopted, even when it has obvious advantages, is often very difficult.”

-- Everett Rogers, *Diffusion of Innovations*

# Evidence-Based Decision Making: Diffusion Properties

- 21% reported EBDM was packaged in a way that is usable
- 18% felt they EBLs designed in a way to be self-sustaining
- 25% agreed EBDM is easy to understand in their agency

Data from Missouri  
(January-February 2015;  
 $n = 100$ )

# Most common personal barriers

- Lack of skills for adapting evidence-based programs to different populations and settings
- Lack of expertise in many areas in order to effectively make evidence-based decisions
- Lack of skills necessary for developing evidence-based programs
- Lack of ability to lead efforts in evidence-based decision making
- Lack of skills necessary to effectively communicate information on evidence-based strategies to local-level policymakers

# Most common organizational barriers

- Inadequate funding level for developing and implementing evidence-based programs
- Lack of incentives and rewards to help employees use EBDM principles
- Organizational culture unsupportive of the processes necessary for EBDM
- Organizational culture unsupportive of creative thinking and the use of new ideas and approaches that is often necessary for EBDM

What might be done?

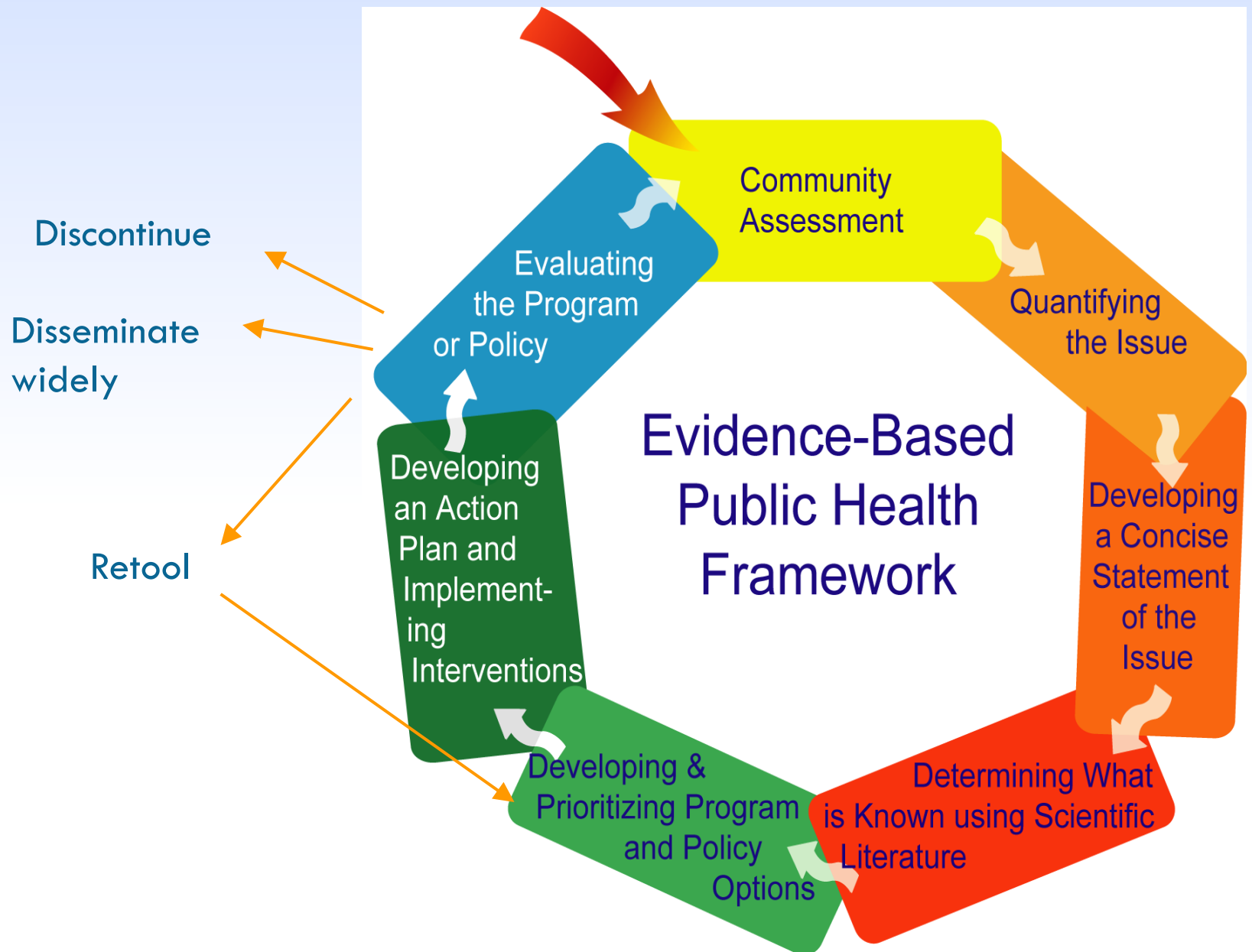
# *Scenario 2*

- Aim: To enhance to use of EBDM principles.
- Brainstorm at your table...
  - What actions could you take personally?
  - What actions could your agency take?

# Examples of action steps

- Develop common language around EBDM
- Map programs on the EBPH wheel (EBDM process checklist)
- Share program evaluation findings across programs through webinars and meetings
- Conduct Noon Lunch and Learn seminars to jointly frame questions and prioritize
- Begin building EBDM language and concepts into job descriptions
- Create staff rewards for using EBDM
- Conduct staff orientation that incorporates EBDM concepts
- Provide evidence in budget requests

# Our training framework...



Thinking *BIG*:

Major trends and patterns in public health  
(a.k.a., opportunities!)

- Accreditation of public health agencies
- Quality improvement
- Minimum set of functions (recent IOM report)
- ACA – increased integration of prevention/population health with healthcare

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# Questions and discussion

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